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CURRENT CORRESPOND	ENCE ADDRESS (Note: Use BI	ock 1 for any change of address)	Fe	e(s) Transmittal. This	certificate cannot be used f	or domestic mailings of the for any other accompanying ont or formal drawing, must
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SAN FRANCIS	CO, CA 94111		l'iled 1	Malinda C. Da Mul	when Wa	(Depositor's name) (Signature)
				2 gri	ne 2009	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R /	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/528,747	10/528,747 03/22/2005		Robert H Shoemaker		015280-462100US 1785	
TITLE OF INVENTION: IDENTIFICATION OF ANTI-HIV COMPOUNDS INHIBITING VIRUS ASSEMBLY AND BINDING OF NUCLEOCAPSID PROTEIN TO NUCLEIC ACID						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	06/02/2009
EXAM	INER	ART UNIT	CLASS-SUBCLASS		•	
SNYDER, STUART		1648	435-005000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) The Government of the United States of America, as represented by the Secretary of the Department of Health and Human Services Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity AND COUNTRY C						
XX Issue Fee XX Publication Fee (No small entity discount permitted)			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form).			
5. Change in Entity Stat	tus (from status indicated s SMALL ENTITY statu	•	☐ b. Applicant is no lo	nger claiming SMALI	_ ENTITY status. See 37 Cl	FR 1.27(g)(2).
NOTE: The Issue Fee and	d Publication Fee (if requ		d from anyone other than			ne assignee or other party in
Authorized Signature		Z M	Date June 2, 2009			
Typed or printed name			Registration No. 44,879			
submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	I application form to the ons for reducing this bui irginia 22313-1450. DC 13-1450.	den, should be sent to the NOT SEND FEES OR	depending upon the ind e Chief Information Offi COMPLETED FORMS	ividual case. Any comcer, U.S. Patent and T. FO THIS ADDRESS.	e public which is to file (and inutes to complete, including innents on the amount of tip rademark Office, U.S. Depo SEND TO: Commissioner splays a valid OMB control	by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, number.
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